DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES	OT (_	5 30 10	FORM OMB NO.	04/15/2010 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		CONSTRUCTION	(X3) DATE SI COMPLE	URVEY Ered C
		445288	a, WIN			04/1	5/2010
	ROVIDER OR SUPPLIER			287 B	ADDRESS, CITY, STATE, ZIP CODE IAKER STREET TSVILLE, TN 37756 FROMDER'S PLAN OF CORRECT	TION	(X6)
(X4) ID PREFIX TAG	AREA ALL BURNIANDLIAN	TEMENT OF DEPICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	•	PROVIDERS HAN OF CORNER (EACH CORRECTIVE ACTION SHO GROSS-REFERENCED TO THE APPL DEFICIENCY)	DID BE	COMPLETION
F 000	INITIAL COMMENT	8	FO	00			
F 224 SS=D N T P m at T by Bin in at the state of the sta	#25374 conducted Manor, no deficience the complaints under Requirements for Lawere cited in relation 483.13(e) PROHIBI MISTREATMENT/N The facility must de policles and proced mietreatment, negle and misappropriation. This REQUIREMEN by: Based on medical relivestigation report interviews the facility must be facility must be seen and misappropriation.	During complaint investigation of #25286 & #25374 conducted on April 15, 2010, at Huntsville Manor, no deficiencies were cited in relation to the complaints under 42 CFR PART 482.13, Requirements for Long Term Care. Deficiencies were cited in relation to complaint #25205. 483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIAT Not the facility must develop and implement written collcles and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on medical record review, facility investigation report review, observations, and interviews, the facility failed to prevent the theft and misappropriation of a narcotic medication for		24	F 224 Prohibit Mistreatment Neglect Micappropriation Corrective action(c) accomplished for the residents found to have been affected by the deficient practice; 1. The facility has notified pharmacy by certified letter for Huntsville Manor to be billed for the Loricet tablets taken from Resident #1 on February 21, 2010, as well as to send only whe is ordered in accordance with physician's order. Paymant issued upon receipt of bill. Completion date: April 26, 2010.	n 1 he	
	The findings include	d: /'s "timeline" investigation			Identify other residents having the potential to be affected by the same deficient practice and what corrective action taken:		
	report revealed on F p.m., two licensed p performing the shift was discovered two missing from reside the percetics on Fal	ebruary 21, 2010, at 10:30 ractical nurses (LPNs') were change narcolic count when it nty-seven Loricet 10/650 was nt #1. LPN #3 had counted bruary 21, 2010, at 6:00 a.m., ount was correct at that time.	n		2 100% audit conducted by Director of Nursing and Risk Manager to ensure that all medications of at residents are accounted for in accordance with physician's orders and pharmacy delivery		·

Any deficiency statement ending with an asterisk (*) denotes a deliciency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

The count between LPN #1 and LPN #2 at 2:00

p.m., had been recorded as being accurate.

LABORATORY DIRECTOR'S OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

sheets. Completion date:

TITLE

Administrator

February 23, 2010

(X8) DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/15/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		CONSTRUCTION	COMPLETED	
ANDIDATE	, 0011110011	445288	R. WII			04/	C 15/2010
		#45288	1	STREE	T ADDRESS, CITY, STATE, ZIP GODE		
	ROVIDER OR SUPPLIER			287	BAKER STREET NTSVILLE, TN 37756		-
11011101	OCTO CONTROL OF THE C		10	1	PROVIDER'S PLAN OF CORREC	TION	(X3) DOMPLETION
(X4) ID PREFIX TAG		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION 3HO CROSS-REPERENCED TO THE APP DEFICIENCY)	DULD BE	DATE
F 224	Interview with LPN April 12, 2010, at 2 beginning of the sh LPN #2 was in a h residents were need count was perform to facility policy. In #1 had counted the control of the narco medication name a #1 had not signed of Interview confirmed missing medication 10:30 p.m. Review of the facility Count revealed, "Al inventory of all narcy conducted by two li documented on the Review of the pharm thirty tablets of Lord November 4, 2009, Resident #1 was se 4, 2009, Review of time revealed, "Lord 1 q (every) four hou of resident #1's mod (MARs) for Novemb January, February 2 had received a Lord 6, 2009, and Janua Interview with resid on April 13, 2010, a resident had received	#1 in the conterence room on :50 p.m., revealed at the ift during the narcotic count, urry to leave and several ding attention so the narcotic ed in a hurry and not according terview further revealed LPN of medication and LPN #2 had bite book and had called out the ind number of tablets and LPN off on each Narcotic sheet. I LPN #1 was unaware of the until February 21, 2010, at the individual in the individual indiv	F	224	100% incliffy audit was conducted by the Director of Nursing and Kisk Manager on February 28, 2010 to ensure that marcotic medications not used in 30 days had been discontinued and removed from the medication carts for destruction by the Pharmacy Consultant. Physician orders obtaine by the Medical Director/Attending Physician. Measures/systematic changes put in place to ensure that the deficient practice does not recur; 3. In-service conducted and buggan on February 26, 2010 by Risk Manager on Narcotic Count Policy and has been added to New Employee Orientation for Licensed Nursing Staff. Completion date: March 5, 2010. Pharmacy Consultant reviewed on February 22, 2010 modications and made recommendations for any PRN medications not used in 30 days to be discontinued. On-going Narcotic Sheet Count Page and Log are copied on a weekly basis and reviewed by Director of Nursing and/or Assistant Director of Nursing and/or Assistant Director of Nursing and/or Assistant Director of Nursing .	d 1	ot Pege 2 of 6

PRINTED: 04/15/2010

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION A. BUILDING 04/15/2010 445288 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 287 BAKER STREET HUNTSVILLE, TN 37756 HUNTSVILLE MANOR (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST DE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CRUSS-REPERENCED TO THE APPROPRIATE DEFICIENCY) TAG Monitoring of corrective action to ensure F 224 Continued From page 2 F 224 the deficient practice will not recur; at the present time. Administrator will assure compliance by: Raview of the police report conducted on February 23, 2010, revealed a suspect was 5 resident charts per week of residents MAR. named but no charges were filed. Narootio Sheet, and Logs will be audited for usage, Interview with the Risk Manager in the conference account of narcotics, and room on April 13, 2010, at 1:00 p.m., confirmed discontinuation if not following the incident the matter was reviewed by used in 30 days for 4 weeks. This will be the QA (Quality Assurance) Committee, the conducted by the Risk Pharmacy Consultant was contacted and a Manager and in the review of all narcotics was conducted, a police absence DON or ADON. report was filed and followed up by the Scott County Sheriffs Department, and all nurses were Pailure to adhere to facility policy and/or re-in serviced on Conducting the Narcotic Count. regulations will be In addition to Narcotic Count Log and Sheet considered a violation. Count is to be copied and reviewed weekly along Violations will result in disciplinary action in with random audits to be conducted. accordance with the facility progressive Interview with the Administrator on April 13, 2010, disciplinary policy. at 2:00 p.m., in the Administrator's office confirmed the incident had been investigated Report of overall findings and subsequent according to the facility's Abuse policy. Interview disciplinary action, if confirmed the resident had not been reimbursed applicable will be for the twenty-seven Lorcets because the reported to the facility QA Committee (DON. medication had not been used for thirty days so according to facility practice the medication was ADON, NHA, Risk Manager, Charge Nurse, due to be "wasted". Medical Director, Pharmacy Consultant, Dietician, Psychologial, C/O #25205 F 425 Social Service Director, F 425 4B3.60(a),(b) PHARMACEUTICAL SVC and Rehab Director) for SS=D ACCURATE PROCEDURES, RPH further monitoring. The facility must provide routine and emergency April 26, 2010 Completion date: drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARE & MEDICAID SERVICES OTATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/OLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	(X3) DATE SURVEY COMPLETED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING		- C 04/15/2010	
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	ROVIDER OR SUPPLIER		287	T ADDRESS, CITY, STATE, ZIP COL BAKER STREET NTSVILLE, TN 37756		1
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIÉS (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF GOR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	COMPLETION DATE	
TAG			F 425	DEFICIENCY) F 425 Pharmaceutical SVC		
F 426	aupervision of a lice A facility must pro- (including procedulacquiring, receiving administering of a lice needs of each) The facility must ea licensed pharms on all aspects of the services in the facility must be a licensed pharms on all aspects of the services in the facility must be a licensed pharms on all aspects of the services in the facility must be a licensed pharms on all aspects of the services in the facility must be a licensed pharms on all aspects of the services in the facility must be a licensed pharms on all aspects of the services in the facility must be a licensed pharms on all aspects of the services in the facility must be a licensed pharms on all aspects of the services in the facility must be a licensed pharms on all aspects of the services in the facility must be a licensed pharms on all aspects of the services in the facility must be a licensed pharms on all aspects of the services in the facility must be a licensed pharms on all aspects of the services in the facility must be a licensed pharms on all aspects of the services in the facility must be a licensed pharms on all aspects of the services in the facility must be a licensed pharms on all aspects of the services in the facility must be a licensed pharms on all aspects of the services in the facility must be a licensed pharms on all aspects of the services of the services in the services of the services	vision of a licensed nurse. lity must provide pharmaceutical services ding procedures that assure the accurate ring, receiving, dispensing, and elstering of all drugs and biologicals) to meet eeds of each resident. acility must employ or obtain the services of insed pharmacist who provides consultation aspects of the provision of pharmacy		Accurate Procedures Corrective action(s) accommon the residents found to harrested by the deficient procedure for Huntsmann to be bill Loriest tablets in from Resident & February 21, 20 well as to send its ordered in activities and with physician Payment issued receipt. Completion dat April 26, 2010	plished ave been acrice; notified riffied ville ed for the aken all on 10, as only what bordance is order, upon	
	by: Based on medical delivery sheets, all assure the accura narcotic for one (# The findings inclu- Medical record re- was admitted to the 2005, with diagno Depressive Disord record review review a dentist on Nove prescription given 10/660 Disp (disp prn (as needed)." Interview with LPI p.m., confirmed the	view revealed the resident #1 ne facility on September 11, see including Diabetes, der, and Hypertension, Medical sealed the resident was seen by mber 4, 2009. Review of a at that time revealed, "Lorcet sense) 15, 1 q (every) four hours	2	identify other residents has potential to be affected by deficient practice and what corrective action taken: 2 100% audit con Director of Nur Risk Manager t that all medicat residents are ac for in accordant physician's ord pharmacy defiv shocts. Completion dat February 23, 20 Measures/systematic chang place to ensure that the defi practice does not recur; 3. In-service cond began on Febru 2010 by Risk Mon Narcotic Co and has been at New Employee Orientation for	duoted by sing and o ensure ions of all counted se with ers and ery b: 10 cs put in clent ueted and ary 26, fanager unt Policy ided to	

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CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DAITE SURVEY COMPLETED C		
		445288	B, WING		04/	/15/2010
	PROVIDER OR SUPPLIER		28	SET ADDRESS, CITY, STATE, ZIP CODE 17 DAKER STREET UNTSVILLE, TN 37756		
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	and the telephone pharmacy. Interview is written to keep to fany other orders the telephone order the telephone order the telephone of the Pharmacy tablets of Lor November 4, 2009 interview with the particular thirty Lorcet 10/650 November 4, 2009 the pharmacy had November 4, 2009 every four hours as order had not specifablets had been set tablets had been set tab	order was faxed to the ew revealed a telephone order he resident's physician aware a received. Interview confirmed at falled to specify the quantity. Tracy delivery shoet revealed cet 10/650 was delivered on for recident #1. Telephone othermacist on April 13, 2010, at hed the pharmacy delivered to tablets for resident #1 on Further interview revealed recoived a telephone order on for Lorcet 10/650 to be given a needed but the telephone ified the quantity and thirty and to the facility. Interview ty had not been contacted to	F 425	Nursing Staff. Completion date: March 5, 2010 Pharmapy Delivery Sheets and Narcottes received are verified by the night shift ilcrosed staff and inaccuractes are reported to the pharmacy immediately. Discrete of Nursing is notified of inaccuracies. On-going Physician orders of narcotics will be reviewed in daily morning meeting to ensure accurate acquiring with delivery sheets. Monitoring of corrective action to ensur the deficient practice will not recur; 4. Administrator will asso compliance by: 5 resident charts per we of residents list of Narcotte medications at delivery sheets. This will be conducted by the Direc of Nursing in the absent the Risk Manager. Patiture to adhore to facility policy and/or regulations will be considered a violation. Violatione will result in disciplinary action in accordance with the facility progressive disciplinary policy.	ro sek nd e	
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